

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		0				
3		0				
4		0				
5		0				
6		0				
7		0				
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50						
TOTAL IND.	1					
TOTAL DEP.	7					
TOTAL CLAIMS	8					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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